Aircrew & Flightline Tasks



24 May 2004

Developed as part of the National Emergency Services Curriculum Project

SPECIALTY QUALIFICATION TRAINING RECORD (SQTR) Flight Line Marshaller				
NAME (Last, First, MI)	CAPID	DATE ISSUED		
Prerequisites Item Date Completed				
Qualified GES				
The above listed member has completed the required prereduction. UNIT/WING/REGION COMMANDER OR		ng for the flightline marshaller specialty. DATE		
AUTHORIZED DESIGNEE'S SIGNATURE Familiarization and Preparatory Training				
Task	a i reparator,	Evaluator's CAPID and Date Completed		
Complete Task O-3001 Discuss Flightline Marshallers Res				
Complete Task O-3002 State the Five Flight Line Safety Prec				
Complete Task O-3003 Identify Requirements for Vehicles Flightline	on the			
Complete Task O-3004 Discuss Flight Line Security				
Complete Task O-3005 Discuss Flight Line Hazards The above listed member has completed the required famil marshaller specialty qualification and is authorized to serve missions.				
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	ΓΕ			
Advanced Training				
Task		Evaluator's CAPID and Date Completed		
Complete Task O-3006 Marshall an aircraft		Date Completed		
Complete Task O-3007 Be a Wing Walker				
Complete Task O-3008 Perform Aircraft Startup Procedures				
Complete Task O-3009 Perform aircraft taxi procedures				
Complete Task O-3010 Perform Aircraft Shutdown and Chocking Procedures				
Complete Task O-3011 Tie Down an Aircraft				
Complete Task O-3012 Demonstrate Proper Ground Safety Techniques				
Complete Task O-3013 Demonstrate the Ability to Fuel an				
Complete Task O-3014 Demonstrate knowledge of flight lin	e security			
Complete Basic First Aid Training or equivalent				
Complete Basic Communications User Training Complete Task L-0001 Basic Communications Procedures	for ES			
Operations Complete the appropriate portion of CAPT 117, Emergence Continuing Education examinations	y Services			
Community Education Chairming Control of the Contro				

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Exercise Participation				
The above listed member satisfactorily participated as number		nee under my direct supervision on mission		
QUALIFIED SUPERVISOR'S SIGNATURE	DATE	-		
The above listed member satisfactorily participated as number	s a flightline marshaller trai	nee under my direct supervision on mission		
QUALIFIED SUPERVISOR'S SIGNATURE	DATE	-		
Unit Certification and Recommendation The above listed member has completed the requirements for the flightline marshaller specialty qualification and is authorized to serve in that specialty on training or actual missions.				
UNIT/WING/REGION COMMANDER OR AUTHORIZED DESIGNEE'S SIGNATURE	DATE	-		
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